

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name City of San Jose <hr/> Division, Department, or Region <i>(if applicable)</i> Parks, Recreation & Neighborhood Services <hr/> Designated Agency Contact <i>(Name, Title)</i> Xochitl Montes <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number</td> <td style="width:50%;">E-mail</td> </tr> <tr> <td>408-795-1851</td> <td>xochitl.montes@sanjoseca.gov</td> </tr> </table>		Area Code/Phone Number	E-mail	408-795-1851	xochitl.montes@sanjoseca.gov	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Date Stamp San Jose City Clerk 2019 JUN 21 PM 1:20 </div> <div style="border: 1px solid black; padding: 5px;"> California Form 802 For Official Use Only <hr/> <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> <hr/> Date of Original Filing: _____ <i>(month, day, year)</i> </div>
Area Code/Phone Number	E-mail					
408-795-1851	xochitl.montes@sanjoseca.gov					

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 129

Event Description: WWE Date(s) 06 / 10 / 19 _____ / _____ / _____
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: SAP Center - San Jose Ticket Distribution Program
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Parks, Recreation & Neighborhood Services	2	City Policy Manual 1.2.7
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Cadillac Winchester Neighborhood Association	22	

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 _____ Signature of Agency Head or Designee	Xochitl Montes _____ Print Name	Community Coordinator _____ Title	<u>6/20/19</u> _____ <i>(month, day, year)</i>
---	---------------------------------------	---	--

Comment: _____